

# TRAUMA REGISTRY

## **WAC 246-976-420 Trauma registry--Department responsibilities.**

(1) **Purpose:** The department maintains a trauma registry, as required by RCW 70.168.060 and 70.168.090. The purpose of this registry is to:

- (a) Provide data for injury surveillance, analysis, and prevention programs;
- (b) Monitor and evaluate the outcome of care of major trauma patients, in support of state-wide and regional quality assurance and system evaluation activities;
- (c) Assess compliance with state standards for trauma care;
- (d) Provide information for resource planning, system design and management;
- (e) Provide a resource for research and education.

(2) **Confidentiality:** It is essential for the department to protect information regarding specific patients and providers. Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

- (a) The department may release confidential information from the trauma registry in compliance with applicable laws and regulations. No other person may release confidential information from the trauma registry without express written permission from the department.
- (b) The department may approve requests for trauma registry data from qualified agencies or individuals, consistent with applicable statutes and rules. The department may charge reasonable costs associated with such requests.
- (c) The data elements indicated as confidential in Tables E, F and G below are considered confidential.
- (d) The department will establish criteria defining situations in which additional registry information is confidential, in order to protect confidentiality for patients, providers, and facilities.
- (e) This paragraph does not limit access to confidential data by approved regional quality assurance programs established under chapter 70.168 RCW and described in WAC 246-976-910.

### **(3) Inclusion criteria:**

- (a) The department will establish inclusion criteria to identify those injured patients that designated trauma services must report to the trauma registry. These criteria will include:
  - (i) All patients who were discharged with ICD diagnosis codes of 800.0 - 904.99, 910 - 959.9 (injuries), 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) and:
    - (A) For whom the hospital trauma resuscitation team was activated; or

- (B) Who were dead on arrival at your facility; or
  - (C) Who were dead at discharge from your facility; or
  - (D) Who were transferred by ambulance into your facility from another facility; or
  - (E) Who were transferred by ambulance out of your facility to another acute care facility; or
  - (F) Adult patients (age fifteen or greater) who were admitted as inpatients to your facility and have a length of stay greater than two days or forty-eight hours; or
  - (G) Pediatric patients (ages under fifteen years) who were admitted as inpatients to your facility, regardless of length of stay; or
- (ii) All patients who meet the requirements of the state of Washington prehospital trauma triage procedures described in WAC 246-976-930(3);
- (b) For all licensed rehabilitation services, these criteria will include all patients who were included in the trauma registry for acute care.
- (4) **Other data:** The department and regional quality assurance programs may request data from medical examiners and coroners in support of the registry.
- (5) **Data linking:** To link data from different sources, the department will establish procedures to assign a unique identifying number (trauma band number) to each trauma patient. All providers reporting to the trauma registry must include this trauma number.
- (6) **Data submission:** The department will establish procedures and format for providers to submit data electronically. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to the registry.
- (7) **Data quality:** The department will establish mechanisms to evaluate the quality of trauma registry data. These mechanisms will include at least:
- (a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.
  - (b) Validity studies to assess the timeliness, completeness and accuracy of case identification and data collection. The department will report quarterly on the timeliness, accuracy and completeness of data.
- (8) **Registry reports:**
- (a) Annually, the department will report:
    - (i) Summary statistics and trends for demographic and related information about trauma care, for the state and for each EMS/TC region;
    - (ii) Outcome measures, for evaluation of clinical care and system-wide quality assurance and quality improvement programs.

- (b) Semiannually, the department will report:
  - (i) Trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;
  - (ii) On all patient data entered into the trauma registry during the reporting period;
  - (iii) Aggregate regional data to the regional EMS/TC council, excluding any confidential or identifying data.
- (c) The department will provide:
  - (i) Provider-specific raw data to the provider that originally submitted it;
  - (ii) Periodic reports on financial data;
  - (iii) Registry reports to all providers that have submitted data;
  - (iv) For the generation of quarterly reports to all providers submitting data to the registry, for the purpose of planning, management, and quality assurance.